

**DIRECT DEPOSIT****ENROLLMENT AUTHORIZATION (DEDUCTIONS)**

Form 699D (New 4-00)

This authorization remains in full force and effect until the State Controller's Office receives written notification from the organization of it's termination, or until the State Controller's Office deems it necessary to terminate the agreement.

- COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE SIDE OF THIS FORM. PLEASE TYPE OR USE BALL POINT PEN-PRINT CLEARLY.

**SECTION A**

<b>1. TYPE OF ENROLLMENT ACTION</b> 1. <input type="checkbox"/> NEW (Sections A, B, C & D Must Be Completed) 2. <input type="checkbox"/> CHANGE (Sections A, B, C & D Must Be Completed)	<b>2. DEDUCTION/ORGANIZATION CODE(S)</b> _____ - _____ - _____ <b>3. ORGANIZATION NAME (Alpha Characters Only)</b>
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**SECTION B**

<b>1. TYPE OF ACCOUNT</b> MUST BE CHECKED. IF LEFT BLANK, WILL BE PROCESSED AS CHECKING. <input type="checkbox"/> C (Checking) <input type="checkbox"/> D (Savings)			
<b>Verify Routing/Depositor Numbers with Financial Institution</b>			
<b>2. ROUTING NUMBER</b>		<b>3. DEPOSITOR ACCOUNT NUMBER</b>	
<b>4. FINANCIAL INSTITUTION NAME</b>			
<b>5. FINANCIAL INSTITUTION ADDRESS</b> (Number and Street)		City	State
			Zip

**SECTION C**

<p>This organization (named in Section A(3) above) hereby authorizes the State Controller's Office to provide for Direct Deposit of any deduction monies due this organization, less any mandatory withholding of service charges or overpayments, in the above designated account.</p> <p>If at any time the amount of the deduction monies so deposited exceeds the amount of deduction monies actually due and payable to this organization, the State Controller's Office is hereby authorized to either:</p> <p>(a) Withhold a sum equal to the overpayment from future payments; or</p> <p>(b) Recover such overpayment from the above designated account.</p> <p>If the State is legally obligated to withhold any part of these payments for any reason, or if this organization no longer meets eligibility requirements for the deduction program, the State Controller's Office may terminate this organization's Direct Deposit enrollment.</p> <p>If any action taken by this organization results in nonacceptance of a Direct Deposit by a designated financial institution, this organization understands that the State assumes no responsibility for processing a supplemental deduction payment until the amount of the nonaccepted deposit is returned to the State by the financial institution.</p>			
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE.	<table border="1"> <tr> <td> <b>AUTHORIZED ORGANIZATION SIGNATURE</b>          ►       </td> <td> <b>DATE</b> </td> </tr> </table>	<b>AUTHORIZED ORGANIZATION SIGNATURE</b> ►	<b>DATE</b>
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**SECTION D**

<b>FOR SCO ONLY</b> <b>1. DATE RECEIVED BY SCO</b> MO. DAY YR.       <b>4. EFFECTIVE DATE</b> MO. DAY YR. 	<b>2. REMARKS</b>	<b>3. E-MAIL ADDRESS</b>   <b>5. TELEPHONE NUMBER</b> (   )
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## PLEASE READ THIS INFORMATION CAREFULLY

### COMPLETION INSTRUCTIONS

To enroll in Direct Deposit, complete this form as follows:

#### General Instructions

- Complete Sections A, B, C and D

#### Specific Instructions

- Section A (Item 1) Type of Enrollment Action

New-Complete for new enrollment or re-enrollment after cancellation.

Change-Complete to change type of account, financial institution or branch (routing number), or depositor account number.

(Item 2) Deduction/Organization Code

Enter up to 3 of your SCO assigned Deduction/Organization codes. If you have more than 3 codes, attach a separate listing showing all Deduction/Organization codes assigned to your organization.

- Section B (Item 1) Indicate checking OR savings. Only one box must be checked. If left blank SCO will automatically process as checking.

(Item 2) Enter Routing Number and

(Item 3) Enter Depositor Account Number

**IMPORTANT: PLEASE VERIFY YOUR DEPOSITOR ACCOUNT NUMBER AND ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION**

Your direct deposit record will be activated within 15 to 20 days after your form is received by the Controller's Office.

- Section C-The authorized signature must be that signature currently on file with the State Controller's Office.

### DIRECT DEPOSIT POSTING DATES

Funds for regular monthly or semi-monthly remittances should be on the first banking day after the close of the business month. For example, if the business month closes on a Wednesday, funds should be available no later than Thursday. If the business month closes on a Friday, a weekend, or a holiday, funds should be available no later than the first banking day following.

If you have more than one SCO assigned Deduction/Organization code, you will receive a Direct Deposit payment for each Deduction/Organization code assigned.

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

### CHANGING FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNTS

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new Form 699D with the new information. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.** Until your record is activated, you will receive a paper warrant.

### PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting confidential information. Information requested on this form is used by the State Controller's Office for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153. Copies of the Enrollment Authorization are maintained in confidential files of the State Controller's Office for six years. Organizations have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Chief of Personnel/Payroll Operations Bureau, State Controller's Office, P.O. Box 942850, Sacramento, California 94250-5878.